

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09781326</i>	FILING DATE <i>02-13-01</i>
						APPLICANT(S)	
CLAIMS							
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1					51		
2	/				52		
3	/				53		
4	/				54		
5	/				55		
6	/				56		
7	/				57		
8	/				58		
9	/				59		
10	/				60		
11	/				61		
12	/				62		
13	/				63		
14	/				64		
15					65		
16					66		
17					67		
18					68		
19					69		
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21					71		
22					72		
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28					78		
29					79		
30					80		
31					81		
32					82		
33					83		
34					84		
35					85		
36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	<i>3</i>				TOTAL IND.		
TOTAL DEP.	<i>6</i>	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	<i>14</i>				TOTAL CLAIMS		

Best Available Copy